U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U		2 Fiscal Year Covered From
		[II] / [Z004] Through [IZ] / [Z004]
3 Name and address of person filing		4 Name file number and address of labor organization
Name DOUGLAS K STORIS		Name SHEET MCTAL WORKERS L U #24
		Labor Organization File Number 518069
PO Box Bidg Room No If any		P O Box Building and Room Number if any
Street 414 BENSON DRIVE		Street 4949 NORTHCUTT PLACE -
City GROVEPORT		City DAYTON
State OHIO	ZIP Code + 4 43125	State
5 Position in labor organization RECORDING SECRETARY		
Enter appropriate data below if during the past fisual year you or your spouse or minor child directly or indirectly had any of the following interests		
(except as specified in the exclusions set forth in the instructions)		
A. Held an interest in lengaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)		7 a Nature of Interest, Transaction or Income
Name SHELT METAL WORKERS L.U. #24 RETTREMENT' SAVINGS PLAN		REIMBURSEMENT FOR LORK HOURS'LOST, DUE TO
Trade Name if any		ATTENDANCE AT MEETINGS
PO Box Bldg Room No if any		
		7 b Amount.
Street 3033 LAMB ROAD		
City COLLMBIS		\$ 308 00
State OHTO	ZIF Code +4 (43219	]
Signature		
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed   Qausles X	0-1	CO 15 OF
Signed Laugher A	storte	On <u>08-15-05</u> 614/836-2914 Telephone Number
Form LM 30 (2003)		Page 1 of 2